

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 09.380704	FILING DATE				
						APPLICANT(S)					
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT						
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	1		1				51		1		
2		1		1			52		1		
3	1						53	1		1	
4		1					54	1			
5		1					55		1		
6		1					56		1		
7		1					57		1		
8	1						58	1			
9		1					59	1			
10		1					60		1		
11		1					61		1		
12		1					62		2		
13	1						63		2		
14		1					64		1		
15		1					65		1		
16	1						66	1			
17		1					67		1		
18		1					68		1		
19	1						69		2		
20		1					70		2		
21	1						71		1		
22		1					72		1		
23		1					73	1			
24		1					74		1		
25		1					75		1		
26	1						76		1		
27		1					77		1		
28		1					78		1		
29		1					79	1			
30		1					80		1		
31	1						81	1			
32		1					82		1		
33		1					83		1		
34	1						84		1		
35		1					85		1		
36		1					86		1		
37	1						87	1			
38		1					88		1		
39	1						89	1			
40		1					90		1		
41		1					91	1			
42		1					92		1		
43	1						93	1			
44		1					94		1		
45		1					95				
46		1					96				
47	1						97				
48		1					98				
49		1					99				
50	1						100				
TOTAL IND.							TOTAL IND.	27		3	
TOTAL DEP.							TOTAL DEP.	71		1	
TOTAL CLAIMS							TOTAL CLAIMS	98		4	